

Please indicate how well we did in the acquisition of your property by circling the appropriate category or checking the "not applicable" box.

	Excellent 5	Good 4	Average 3	Below Average 2	Poor 1	Not Applicable
1. How well did we answer your questions about the proposed transportation project?		<input checked="" type="radio"/>				<input type="checkbox"/>
2. How well did we explain the need for your property and the process used to purchase your property?		<input checked="" type="radio"/>				<input type="checkbox"/>
3. Was the Right-of-Way Agent informed and responsive to your questions?		<input checked="" type="radio"/>				<input type="checkbox"/>
4. Was the Right-of-Way Agent courteous and professional?		<input checked="" type="radio"/>				<input type="checkbox"/>
5. How would you rate the usefulness of the printed material provided by the Department?		<input checked="" type="radio"/>				<input type="checkbox"/>

Comments: _____

If you would like to be contacted by telephone to give additional information or comments, please complete this portion.

Name: _____

Phone Number: () DEPT. OF TRANSPORTATION
RIGHT-OF-WAY

To be completed by NHDOT Right-of-Way Agent

Project Number: Manchester 14170 Parcel Number: _____

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APR 09 2008

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